

**OFFICE OF THE EXECUTIVE INSPECTOR GENERAL  
FOR THE OFFICE OF THE ATTORNEY GENERAL**

**COMPLAINT FORM**

**Please type or print clearly below.** Return form to: **Office of the Executive Inspector General, Illinois Attorney General's Office**, 100 West Randolph Street, 12<sup>th</sup> Floor, Chicago, IL 60601 or fax to (312) 814-5024. **It is the policy of the Inspector General to maintain the identity of individuals providing information confidential, as required by law.**

**Contact Information:**

Name: (required by statute) \_\_\_\_\_ Date: \_\_\_\_\_

SSN: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Sex: ☐ M ☐ F

Address: \_\_\_\_\_  
Street Address

\_\_\_\_\_ City State Zip Code

Home Number: \_\_\_\_\_ Business Number: \_\_\_\_\_

Other Number: \_\_\_\_\_ E-mail: \_\_\_\_\_

**Please checkmark preferred method(s) of contact**

Are you an employee of the Illinois Attorney General's Office? ☐ Yes ☐ No

**Complaint Information:**

Is your complaint against an employee or vendor of the State of Illinois Attorney General's Office? ☐ Yes ☐ No\*

**\*Please note the Inspector General's Office is only authorized to investigate complaints relating to employees of the Attorney General's Office and vendors or others doing business with the Attorney General's Office.**

Please provide as much detailed information as possible about the individual(s) you are complaining about.

Subject of Complaint's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

SSN: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Sex: ☐ M ☐ F  
(or app. age)

Address: \_\_\_\_\_  
Street Address

\_\_\_\_\_ City State Zip Code



Have you notified any other Federal, State or local agency of your complaint? ☐ Yes ☐ No

If yes, with what agency did you file a complaint? \_\_\_\_\_

What is the complaint number? \_\_\_\_\_

Has your complaint been resolved? ☐ Yes ☐ No

If yes, briefly summarize the results: \_\_\_\_\_

Have you previously filed a complaint with this Inspector General's Office? ☐ Yes ☐ No

If yes, please list any known case numbers: \_\_\_\_\_

Is this complaint related to your previously filed complaint? ☐ Yes ☐ No

May we refer your complaint to the appropriate agency if necessary? ☐ Yes ☐ No  
Once your complaint is referred, you may be contacted by that agency as part of its investigation.

If your complaint is referred, do you want your name and contact information removed? ☐ Yes ☐ No

Summary of your complaint (You may use additional paper and please attach any available documentation in support of your complaint):

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Other person(s) who could be a witness to the complaint you have alleged:

Name	Any identifying information (DOB, SSN, Agency, Title, Telephone Number, etc.)

PLEASE COMPLETE AND SEND THIS FORM WITH SUPPORTING DOCUMENTATION TO THE OFFICE OF EXECUTIVE INSPECTOR GENERAL, ILLINOIS ATTORNEY GENERAL'S OFFICE, 100 WEST RANDOLPH STREET, 12<sup>th</sup> Floor, CHICAGO, ILLINOIS 60601. YOU MAY ALSO FAX THE FORM TO (312) 814-5024.